



Brookhaven Police Department  
2665 Buford Hwy  
Brookhaven, GA 30324  
404-637-0600  
[WWW.BROOKHAVENGA.GOV](http://WWW.BROOKHAVENGA.GOV)

Statement of Need  
Motor Vehicle Accident Report Request

Completion of this Form is required for Anyone **Not** Named in the Accident Report  
Being Requested, Pursuant to O.C.G.A § 50-18-72

To: Brookhaven Police Department Records Officer

APPLICANT \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

APPLICANT TELEPHONE # \_\_\_\_\_ APPLICANT EMAIL ADDRESS \_\_\_\_\_

REGARDING MOTOR VEHICLE ACCIDENT REPORT NO. \_\_\_\_\_

- ☐ I have a personal, professional or business relationship with \_\_\_\_\_.
- ☐ I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident which is the subject of this report.
- ☐ I own or lease an interest in \_\_\_\_\_, property allegedly or actually damaged in the accident which is the subject of this report.
- ☐ I was allegedly or actually injured by the accident which is the subject of this report.
- ☐ I was a witness to the accident which is the subject of this report.
- ☐ I am a prosecutor or a publicly employed law enforcement officer.
- ☐ I am alleged to be liable to another party as a result of an accident which is the subject of this report.
- ☐ I am an attorney and need the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing or intersection is unsafe.
- ☐ I am a representative for \_\_\_\_\_ (news media). I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering or news media organization.
- ☐ I am conducting research in the public interest for such purposes as accident prevention, prevention of injured or damages in accidents, determination of fault in an accident, or other similar purposes, pursuant to O.C.G.A § 50-18-72(a)(5).
- ☐

By signing, I agree to pay \$5.00 to the Brookhaven Police Department, per Georgia Vehicle Accident Report Copy, pursuant to O.C.G.A § 40-6-273.

Signature \_\_\_\_\_

(Brookhaven Police Department Use Only)

Please obtain a copy of Requestor's Driver's License

- ☐ The above request is not available pursuant to OCGA 50-18-72(a)(4.1)
- ☐ The above request is available pursuant to OCGA 50-18-72(a)(4.1) in accordance with subsection ( \_\_\_\_\_ ).

Date Received \_\_\_\_\_

Record Officer \_\_\_\_\_ Date Request Completed \_\_\_\_\_